

PACIFIC HOUSE

pg. **12**

Editorial:
New Parent Support

**8 Medical
Laboratory**

pg. *Highly Reliable Every Day*

**From Oceans
to Root Canals 27**

The true story of Cmdr. Vinh Doan pg.

How Food Inspections

pg. **12** *Preserve Readiness*

feature:
SPOTLIGHT:
Hospitalman Gonzalez **7**
pg.



Pacific Pulse

Pacific Pulse
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Pacific Pulse is a professional publication of U.S. Naval Hospital Guam. Its purpose is to educate readers on hospital missions and programs. This publication will also draw upon the medical departments rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

The opinions and assertions herein are the personal views of the authors and do not necessarily reflect the official views of the U.S. Government, Department of Defense, or the Department of the Navy.

Guidelines for Submissions:

This publication is electronically published monthly. Please contact Jennifer Zingalie at jennifer.zingalie@med.navy.mil for deadline of present issue.

Submission requirements:

Articles should be between 300 to 1000 words and present the active voice.

Photos should be a minimum of 300 dpi (action shots preferred)
NO BADGES

Subjects considered:

Feature articles (shipmates and civilians)
Quality of Care
R&D/Innovations
Missions/Significant Events
Community Outreach

This Month:

Since the last edition of Pacific Pulse the command has been very busy, participating in approximately 15 inspections, conducting several training events, both internally and externally with the community; providing tours to distinguished guests, promoting Sailors as well as preparing Sailors for the next level of leadership through things like Career Development Boards, CPO 365 and TEAM Steps to name a few. The command has also said goodbye to various shipmates, whether active duty or civilian, and welcomed new faces. Sailors at the command were recognized for their participation in various outreach events and have hosted several diversity and special observances such as the Nurse Corps Birthday. It isn't all work and no play, many Sailors participated in activities which include sports, family events, and MWR activities. At the end of the day, Sailors and Civilians at USNH Guam are working hard to uphold readiness, value and jointness--working toward the vision of LEADING NAVY MEDICINE!

Inside this Issue:

- 3-4. CO/XO Priorities
- 5. CMC Operation K
- 7. SPOTLIGHT: HN Gonzalez
- 8. Medical Laboratory: Highly Reliable Every Day
- 12. How New Parent Support Helped Us
- 16. How Food Inspections Preserve Readiness
- 18. Heart Disease: Not Just Your Fathers Problem
- 20. Know the Risks: Understanding Drug Misuse and Abuse
- 22. Distracted Driving: The Other Silent Killer
- 24. Alternative Tobacco Products

On the Web:

Thank you for taking the time to rate and provide us with your comments and suggestions.

ICE

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Commanding Officer Capt. Jeannie Comlish

Readiness

Hafa Adai USNH Guam Dream Team.

Summer is upon us- wait, every day is summer in Guam you may say! Kids are out of school and we are in the midst of our summer PCS season. We welcome new staff to our high performing team, and wish farewinds and following seas for those who leave us for new challenges and experiences.

We bid our Executive Officer, CAPT Mike McGinnis, his wife Audra, and boys Connor and William, goodbye and wish them all the best as CAPT McGinnis takes command of Naval Health Clinic Annapolis at the US Naval Academy. His leadership at US Naval Hospital Guam has been exceptional. He has set the example leading us along the path to becoming a high reliability organization, he has been a role model as a clinician and as an athlete, scoring maximum on the PRT every time. I know that it meant a lot for him that the civilian team went all out with a fiesta in his honor this last Friday.

He will be sorely missed by us all. For the record, he is not permitted to refer to his new command team as the “Dream Team.” I think he knows he will never have the opportunity to work with this caliber of folks again... but I know he will endeavor to build a team modeled after this one!

We are blessed to welcome aboard CAPT J.C. Nicholson (see photo) and his beautiful wife Linda. Linda has been an asset at every command for which she has accompanied CAPT Nicholson. She has



been an active ombudsman and volunteer with the Navy and Marine Corps Relief Society. CAPT Nicholson comes to us from Naval Medical Center San Diego where he served as the Director of Surgical Services. He is an Otolaryngologist (ENT) by training and has had the wonderful experience of being stationed here in Guam in the past and serving as Chair of the Executive Committee of the Medical Staff. He is an avid diver and guitarist. CAPT Nicholson and Linda have two fur-children and are eager to re-engage the friendships they established in Guam when they were last here.

Did you ever notice that the “P” and “C” of a PCS move stands for “permanent change.” That may seem like an oxymoron, but actually, this is where we currently live: a state of permanent change. The Defense Health Agency (DHA) and the Bureau of Medicine and Surgery (BUMED)

(continued on page 26)



Executive Officer **Capt. Mike McGinnis** *Value*

Dream Team--It's been a fantastic two years as your Executive Officer!

Immediately when I reported onboard on April 8th, 2013, I was struck by the hospitality and warm spirit resident within every department and staff member. Whether military, civilian, contract or volunteer, you collectively embody the 'can do' spirit and the ability to overcome the unique challenges we face in the heart of the western Pacific to adapt and overcome to ensure the delivery of the highest quality care for our patients.

We've been through quite a bit over the past two years including successful Joint Commission surveys in both the old and new hospitals, the safe transition into our new \$168 million replacement hospital on Easter Sunday, a ribbon cutting attended by the Surgeon General, a change of command, and weathered a multitude of typhoons, assist visits and inspections that bring us to this summer season.

Throughout it all you consistently excelled and demonstrated the special qualities that make us a leader in Navy Medicine. U.S. Naval Hospital Guam is a small command in the military treatment facility arena making a heavyweight impact on Navy Medicine! It is not just me or the CO that thinks this. Visiting high level leaders including Rear Admiral Gillingham, Commander Navy Medicine West, and the Surgeon General see and appreciate the extraordinary things we do here.

Living in Guam as a dependent, then returning as a Navy officer has been a dream come true for me. It has been special to see my children attend the same private school that I attended 30 years ago and have my wife Audra develop so many deep friendships, both military and civilian. Guam will always be home! The McGinnis family is looking forward to our next adventure in Annapolis, MD, and I will do my best to bring some of the Guam magic to the Naval Academy.

We're fortunate to have CAPT JC Nicholson, an experienced and talented ENT surgeon return to Guam as your next Executive Officer. As a former USNH Guam chair of the Executive Committee of the Medical Staff, we could not have asked for a more perfect XO to lead our staff and Executive Steering Council forward on our journey as a high reliability organization while continuing to deliver Military Health System leading safe high quality care. High reliability does not mean perfection, but we are better than most and I am confident that you collectively will lead the way in making Navy Medicine another Navy HRO, joining flight deck operations and nuclear propulsion.

Keep up the great work, continue to lean forward, and build on our legacy of service with honor! For all that you do for our patients and fellow shipmates - Dangkulo na si Yu'os Ma'ase!



Command Master Chief Robert Burton

Jointness

Shipmates welcome to the time of year where freedom is at the forefront of our minds. From July 4th, Independence Day, as well as July 21st, Liberation Day, we are reminded of the great cost for freedom. July 24 to August 1 also marks the campaign for the assault and capture of the Marianas Islands. This ultimately aided in the final defeat of Japan. At the time, Guam, Saipan, and Tinian were considered of critical importance as the Army Air Corps required bases where bombers could make non-stop strikes against Japan. The Navy also wanted the islands developed as advanced bases with hopes the Marianas operation would draw out the Japanese fleet in order to be engaged in decisive battle.

Saipan was captured early July 1944, and eyes turned to Tinian, and the construction of airfields for the new American B-29 bombers. At the time, Vice Adm. Richmond Turner, commanded the approximately 800 ships and 162,000 men of the Marianas Joint Expeditionary Force. He also led the Northern Attack Force, designated specifically for Saipan and Tinian. Under the command of Maj. Gen. Harry Schmidt, the 2d and 4th Marine Divisions were tasked with taking Tinian.

It was 40 days of preliminary naval gunfire and bombing from the air. Shore fire control was improved from previous campaigns as fire-control parties worked out procedures on board the gunfire ships designated to support the landings. Photo reconnaissance flights and captured enemy documents on Saipan gave a clear picture of the

topography of Tinian, and for the first time napalm was used extensively and proved successful in burning off ground cover.

The 4th Marine Division led the assault on D-Day, July 24, the, while the 2d Marine Division provided a convincing diversion off the southwest coast of the island. The assaulting Marines, were covered by shore-based artillery while the opposition to the landing was not strong. The Japanese counterattacks were overtaken by the Marines. On the second day of the invasion, the 2d Marine Division came ashore to join their 4th Division brethren in sweeping to the south and pressing the Japanese defenders back.

By August 1, after nine days of fighting in a battle often termed “the perfect amphibious operation” of World War II, Schmidt declared the island of Tinian secured. It was the marriage of surprise, heavy pre-assault attack and effective logistical support that allowed for Tinian’s recapture with a much lower casualty rate than had been experienced in previous amphibious landings.

It was approximately a year after its recapture, Tinian played a final, decisive role in the defeat of the Japanese when a B-29 bomber, the “Enola Gay” left Point Ushi Airstrip on Tinian, carrying the atomic bomb that would be dropped on Hiroshima.

I encourage you to take the next few months to read up on history, watch a documentary or two and celebrate the freedoms we are so blessed to have. As always make responsible choice when drinking, have a sound plan and be safe.

Men's Health Facts:

Men die at higher rates than women from the top 10 causes of death and are the victims of over 92% of workplace deaths. (BLS) In 1920, women lived, on average, one year longer than men. Now, men, on average, die almost five years earlier than women. (CDC)

Women are 100% more likely to visit the doctor for annual examinations and preventive services than men. (CDC 2001)

Cause & Rate	Men	Women
Heart Disease	228.6	143.0
Cancer	211.6	146.8
Injuries	51.1	24.6
Stroke	39.7	37.8
Suicide	19.2	4.9
HIV/AIDS	4.4	1.7

Men as Victims of Homicide

The chance of being a homicide victim places African-American men at unusually high risk.

*Chance of being a Homicide Victim**

- 1 in 30 for black males
- 1 in 179 for white males
- 1 in 132 for black females
- 1 in 495 for white females

*BJS DATA REPORT, 1989

Depression and Suicide

Depression in men is undiagnosed contributing to the fact that men are 4 x as likely to commit suicide.

- Among 15- to 19-year-olds, boys were 4 x as likely as girls to commit suicide.
- Among 20- to 24-year-olds, males were 6 x as likely to commit suicide as females
- The suicide rate for persons age 65 and above: men...28.5 – women...3.9.

Take care of
your health.

Do it for
yourself.

Do it for
the ones
you love.

Spotlight:

Hospitalman Gonzalez

George Patton once observed, “Wars may be fought with weapons, but they are won by men. It is the spirit of the men who follow and the man who leads that gains the victory.” When it comes to military leadership, many envision a war-torn Gunnery Sergeant whose dress uniform proudly displays rows of ribbons earned from years of combat missions. Sometimes, however, leadership is found in the individual who completes their tasks, and who does so with the of heart dedication, almost as if someone’s life depended on it.

This is true of Hospitalman Juan Gonzalez, according to his Leading Petty Officer Hospital Corpsman 1st Class Luis Medinareyes. “Whether it’s his job, working out, or volunteering – he always gives one-hundred percent. That type of dedication can be hard to find in a junior Sailor. Normally, Sailors don’t develop *his* type of dedication until after they’ve been involved in combat or arduous sea duty,” he said.

Gonzalez, who works in the Physical Exams Department, at Branch Medical Clinic located on Naval Base Guam, says what motivates him are the men and women who he knows are putting their lives on the line every day. “I am blessed; I know there are people, even today, who may be getting shot at in service of their country, and in some way I am supporting them. That encourages me to do the best I can do,” he said and then explained, “at the end of the day you understand it’s all for the same mission. Even if someone just comes to me in need of a signature, they are active duty, and I am helping them out.”

Gonzalez, who was raised by a single mother in Long Beach, CA said since he was very young he wanted to serve his country whether on the police force or in the military. Since joining the Navy, he has been inspired by people like Chief Petty Officer Justin Wilson, another Navy Corpsman. Wilson was attached to the Marines’ elite special operations and received the services’ second-highest award for valor because he heroically and selflessly treated wounded Marines in Afghanistan even while



he had been wounded by a makeshift bomb. Not many people get to meet their heroes, but Gonzalez recently had the opportunity to meet Wilson, a highlight of his career he said. “His sacrifice is what joining the military is all about.”

Although he has not been in the Navy for very long, Gonzalez has set professional goals that he diligently works towards every day. In order to be most successful, he ensures to seek out mentors that can help him with his goals and listens intently to their advice. In order to keep his mind sharp and in good health, he also spends most of his off time working out or participating in physical activities. Said Medinareyes, “most importantly, Gonzalez is a solid team player. He motivates others in physical readiness and fitness and never puts someone down if they aren’t as fast or strong as he.”

Ultimately, Gonzalez is proud to be given the opportunity to serve. Although he knows he has much more to learn, he sees each day as an opportunity to grow and better himself. His determination is not based on achieving great things but rather in knowing that at the end of the day he won’t look back with regret. “I don’t want to die with the thought I didn’t try to do what I wanted to do,” he said. And more than anything, what he wants to do is to serve.

U.S. Naval Hospital Guam's Medical Laboratory

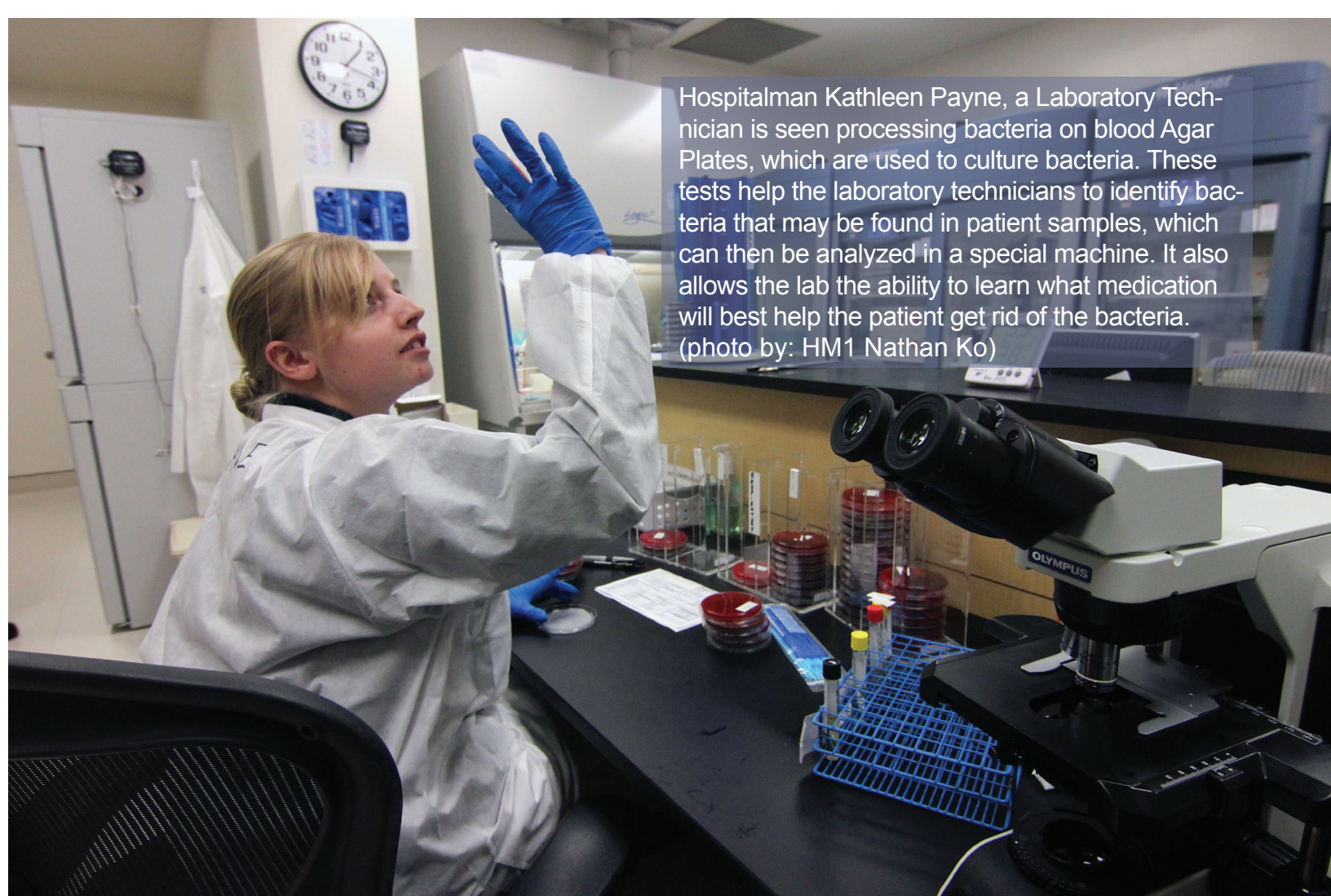
Highly Reliable Every Day

Did you know 70 percent of medical decisions are the result of lab work? In medicine, lab tests are important for many reasons including early detection and diagnosis of diseases. Lab results also help providers determine the best course of treatment based on an individual's needs and genetic makeup. Ultimately, lab tests can help improve healthcare quality while keeping long term health care costs low.

The lab at U.S. Naval Hospital (USNH) Guam is no exception and their door is always open. "We support three of the hospital inpatient wards as well as the Emergency Department," said Hospital Corpsman 1st Class Eric Parillo, the department's Leading Petty Officer.

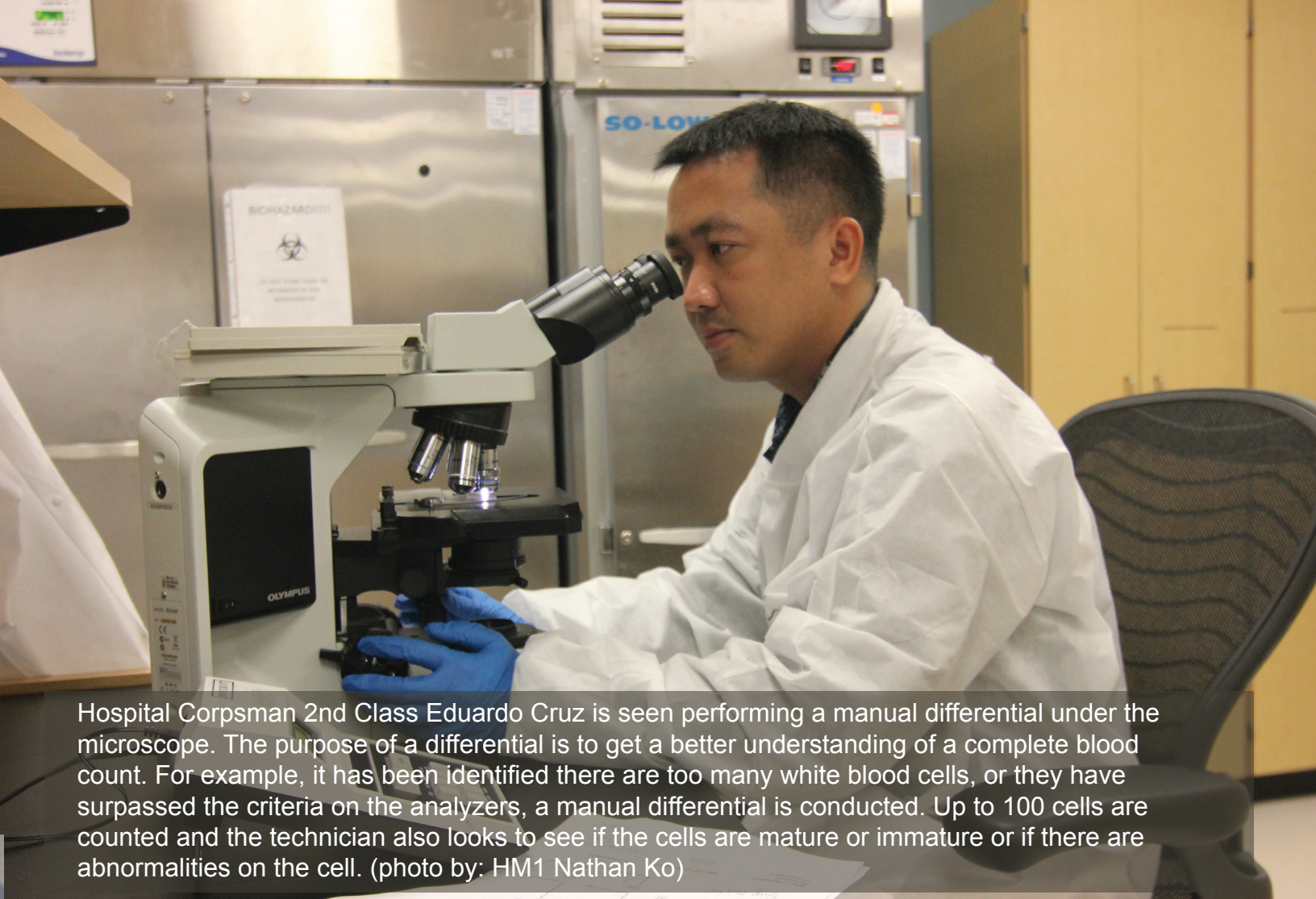
"Our laboratory is also responsible for accessioning (receiving, documenting, and storing), processing, resulting, and mailing patient laboratory results."

The lab consists of roughly 40 staff members, which includes officers, enlisted members and civilians, who all work together to ensure medical testing is performed and is accurate and timely. These highly trained and skilled men and women help collect blood, tissue or other biological matter from a patient when a lab



Hospitalman Kathleen Payne, a Laboratory Technician is seen processing bacteria on blood Agar Plates, which are used to culture bacteria. These tests help the laboratory technicians to identify bacteria that may be found in patient samples, which can then be analyzed in a special machine. It also allows the lab the ability to learn what medication will best help the patient get rid of the bacteria.

(photo by: HM1 Nathan Ko)



Hospital Corpsman 2nd Class Eduardo Cruz is seen performing a manual differential under the microscope. The purpose of a differential is to get a better understanding of a complete blood count. For example, it has been identified there are too many white blood cells, or they have surpassed the criteria on the analyzers, a manual differential is conducted. Up to 100 cells are counted and the technician also looks to see if the cells are mature or immature or if there are abnormalities on the cell. (photo by: HM1 Nathan Ko)

test has been ordered by a physician.

Once the specimen has been identified as appropriate, per the doctors' orders, the tests are then performed either manually or by using technically advanced instruments. When the testing is finished a report with the results is provided to the ordering physician through the hospital's computer system. This in turn enables healthcare decisions to be made in regards to the best treatment for the patient.

In 2012, USNH Guam also opened a blood donor center which not only enhanced the hospital's ability to support the military, but also saved money. Before it opened, Guam was receiving blood donations from Okinawa, Japan. The need in Guam was greater and with local processing, blood was immediately available, and has saved the Navy approximately 500 dollars for each unit of blood and 250 dollars per unit of platelets.

The center has been so successful that it now helps to support all of the U.S. Pacific Command's (USPACOM) area of responsibility.

This means they process approximately 1,500 blood products per year in support of the hospital, and those forward deployed to different commands within USPACOM. The donor center maintains an inventory, at any given time, of about 600 blood products worth almost two million dollars. They do this by hosting several blood drives throughout the year. "This year, so far, we have done around 60 mobile blood drives which yielded 1,200 whole blood donations," said Parillo. "This alone will help save the Navy thousands of dollars and most importantly, many lives."

According to Parillo, within Navy Medicine USNH Guam is the fourth largest collection, processing and shipping center for blood products and the seventh largest volume and processing center for patient samples, processing approximately 560 thousand specimens annually.

Continued on page 10

LAB Continued from page 9

When it comes to a culture of safety, the also said the lab is one of the most scrutinized areas of a hospital. “We are regulated by many organizations to include the American Association of Blood Banks, Federal Drug Administration, Navy Occupational Safety & Health, The Joint Commission, and the College of American Pathologists to name a few.”

Across healthcare, hospitals are striving to become High Reliability Organizations (HRO). An HRO is an organization that avoids catastrophes in a high risk, complex environment. This means there must be a continual emphasis on team work, leadership engagement, and safety.

According to Capt. Michael Thomas, the Laboratory’s Pathologist and in charge of the lab’s quality control, “The lab is important as one of the few objective measures of a patient’s health and is heavily relied upon in critically ill patients. We have always focused on precision and accuracy, testing calibrations of our instruments several times a year and completing

multi-laboratory proficiency testing on every analytic our menu.”

Each year, millions of Americans are affected by medical mistakes. Studies have shown these mistakes are costing billions of dollars annually. Medical laboratories play a critical role in healthcare. Because lab results have such a great impact on medical diagnosis, the people who work in the lab at USNH Guam understand they play a vital role in the perseverance of patient safety. According to Dr. Thomas, the

laboratory community was an early adopter of HRO principles and they hold themselves to the highest of standards every day. #

(top right) Hospitalman Damien Cole shows Hospitalman Corbin Coblentz the proper maintenance of the urinalysis machine. **(bottom left)** Ramil Rasco, a Phlebotomist is practicing quality control while going through the steps of drawing blood from his colleague Daryl Abiera. (Photo by: HM1 Nathaniel Ko)



What Can Tell You About Your Health

One Drop of blood

Cardiovascular health

According to some studies, for approximately **150,000** people each year, the first symptom of heart disease is death



Cholesterol

Not all **cholesterol** is dangerous. Some types, like High Density Cholesterol, can actually help clear your blood vessels.

HDL ("good") Cholesterol



Oatmeal



Fish



Nuts

<< foods that promote HDL production

LDL ("bad") Cholesterol



Cheese



Fried Foods



High Glycemic Foods

50% of heart attack patients have normal HDL and LDL levels. Certain blood tests can give you a more accurate assessment of your needs. Talk to your Dr.

Inflammation

Some studies show a major contributor to many chronic diseases such as heart disease, cancer and dementia is inflammation; they also show this can negatively affect exercise capacity. This can be measured by the **High-Sensitivity C-Reactive Protein** marker.

Thyroid

More than **1 in 10 Americans** have Thyroid Disease, commonly causing fatigue and weight gain.



Vitamin D

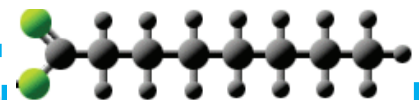
Because we are not outdoors and don't get as much sun as our ancestors, more than **75%** of U.S. adults have insufficient levels of Vitamin D. This has been associated with the risk of cardiovascular disease, cancer and infection.

70% of data needed for accurate diagnosis is in your blood. Regular blood diagnostics can help you keep track of your overall health in a more meaningful way and identify potential health threats.

Blood diagnostic testing can provide greater knowledge about risks for heart disease and other chronic illnesses by giving better insight into the following:

Other preventative measures can be taken such as a proper exercise and nutrition program. Your blood regenerates every 120 days, so you can quickly measure significant improvement from lifestyle and nutritional changes.

Approximately **41%** of people who experience a heart attack will die from it.



Triglycerides

A form of fat in the body is linked to heart disease and diabetes.

AQUIRED BECAUSE OF:



Obesity



Cigarette Smoking



High-Carb Diet



Alcohol

Apo-B, part of a standard cholesterol test, is responsible for linking bad cholesterol to blood vessels, and high levels can be a better predictor of risk of a heart attack or stroke.

ANTI-INFLAMMATORY FOODS



Salmon



Blueberries



Oranges



Green Tea



Extra Virgin Olive Oil



Papayas



Sweet Potatoes



Broccoli

Hypothyroidism, a condition in which the thyroid produces too little thyroid hormone, causing the body to burn energy slower, can:

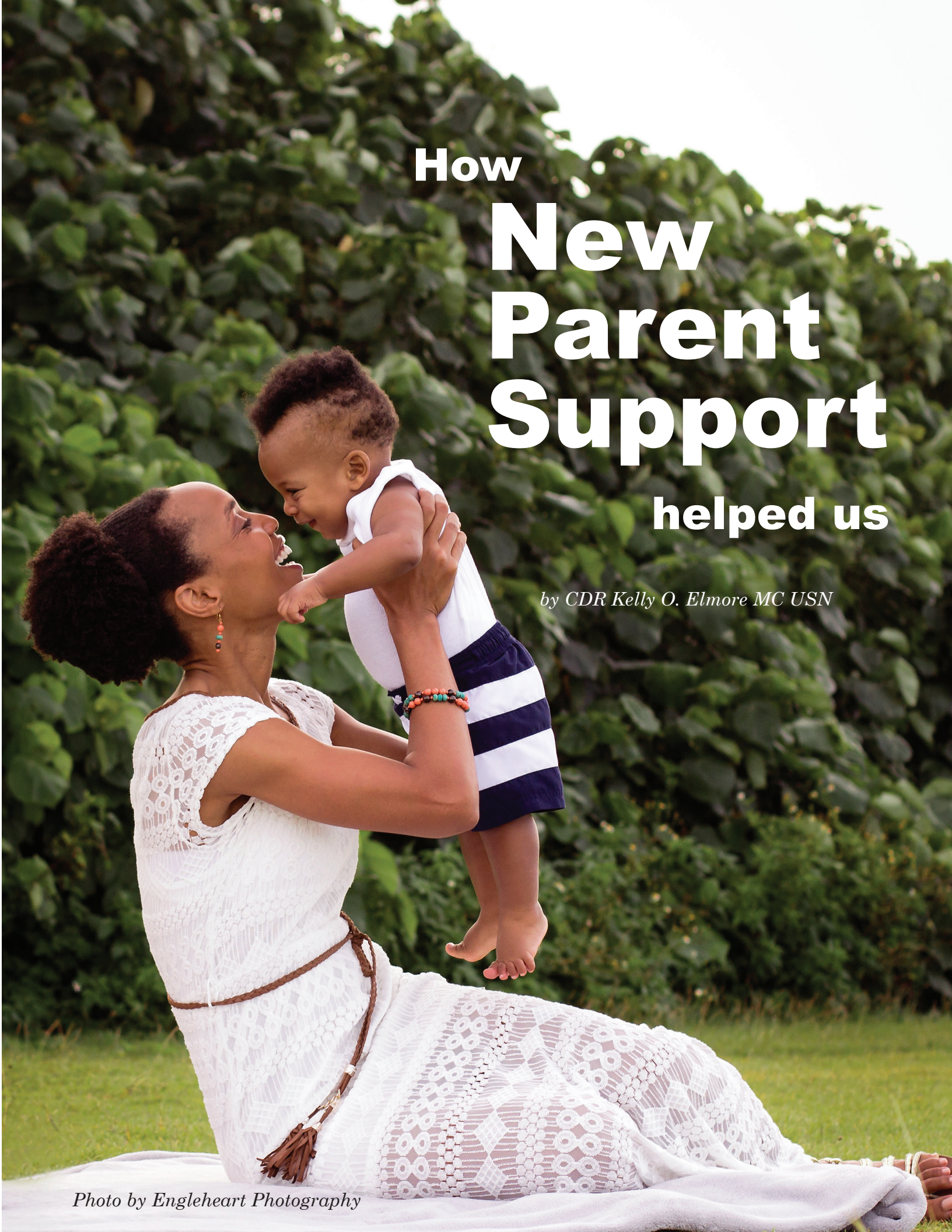
Cause weight gain, increase risk for heart disease.



Increased cold intolerance and fatigue.

Increase cholesterol levels due to inhibition to metabolize energy.

Taking fish oil may help with Vitamin D production. Everyone has a different optimal level of Vitamin D: testing gives insight into how to achieve yours.



How New Parent Support helped us

by CDR Kelly O. Elmore MC USN

Photo by Engleheart Photography

As Obstetrics and gynaecologists (OBGYN) we are taught the textbook theories and the answers to many female health concerns. As a woman, I know from experience, and listening to my friends over the years, one cannot read everything. Listening to each experience helps build your knowledge. Now as a female OBGYN, wife and mother, I get the best of all worlds.

I am married to a wonderful man who worked for The Fleet and Family Support Center (FFSC) for approximately 10 years. Through the years, whenever I would go meet him for lunch, we were able to learn about each other. As we did I came to understand and appreciate, even more, what his team truly meant to our military service members. Then, meeting

“Even though I know a lot about pregnancy and gynecologic issues ... It is such a different world when you become a parent,”

him for lunch was about meeting his employees and learning what they did on a daily basis. I found out- we as military dependents have a world of resources at our fingertips, if we would just get to their office. I must say, this is one office you want to make a trip

to, whether online or in person. But back to the purpose of writing this article; *New Parent Support*.

I have been promoting this program for six years as a result of working with our case managers, and developing programs focused on Peri-partum Depression. I met many of the case managers and heard the wonderful reviews from my patients who used the services. So of course, when I got pregnant, because I am the type of OBGYN who believes one should try everything they recommend for their patients

if the opportunity arises, I decided to sign up. Two weeks before delivery, we called the FFSC office and let them know our interest in their services.

Wouldn't you know it? I delivered on time and almost every week, for the last 14 months, a wonderful *New Parent Support* Educator has come to visit us. Even though I know a lot about pregnancy and gynecologic issues, after delivering a baby and I pass it to the Pediatricians, and basic resuscitation is done, I am clueless. It is such a different world when you become a parent.

When I was in the hospital, I kept asking the nurses and the doctors, "Where is the manual?" All I had was a Harriett Lane (clinical handbook) and that's useful for complications in babies' not healthy ones. Then I wondered where my weekly, pregnancy email was? Those emails could not come fast enough when we were at home in the middle of the night with a crying baby, breastfeeding every 1-2 hours and changing diapers in the near dark. Then I remembered a book my colleague gave me, "*Cherish the first 6 weeks*," which gave me solace until our wonderful child educator could come back. Every time she came to my home, she was pleasant, professional and flexible with our schedule. As you know, babies live in their own time capsule and we just have to keep up.

We did short review sessions that were highly informative and just enough information to prepare me for the next week without overwhelming me with too much information. At four weeks, we left San Diego and came back to Guam. And the case manager here picked up where the latter had left off. It was seamless and oh, so important. She helped me through

Continued on next page

New Parent Continued from page 13

not only the stress of returning to the island, with my mom, who graciously moved here with me as a geographical bachelor. But also as a new mom who had to figure out how to pump enough milk so I could go back to work five weeks postpartum with only two weeks of supply (mentally I could not figure out how to store milk and make sure it made it from my home in San Diego back to Guam).

I did not realize how stressful that whole transition was on our entire family and it was such a welcome to see our *New Parent Support Educator's* face every week not only to talk about the baby, but also about my anxieties. Now I look back, if it weren't for New Parent support along with my mom at my side, my husband on the phone three or more times a

day, my colleagues and staff here at work and my friends and family on every form of social media and communication, I wouldn't have made it through this first year.

So at OB appointments I make it a point to let our patients know about all of our resources, but I definitely highlight this one. We are so blessed to have a resource like this with dedicated people driving from their offices to our homes, work sites or even a coffee shop. I have volunteered in many communities that have attempted programs like this but I have not seen them work this well. Our time on this island is soon coming to an end. We will truly miss, Ms. Lippert, our child educator. She is priceless. We will be transferring our care to Naval Hospital Camp Pendleton and I am positive that our transition will once again be seamless.



Contact the:
New Parent
Support Home
Visitation Program

(See next page for more information)

You can also call:
333-2056/57

What is the New Parent Support Home Visitation Program?

The New Parent Support Home Visitation Program (NPSHVP) provides education and support services to expectant and new parents. Whether this is your first or fifth child the NPSHVP is designed to empower service members and their partners to meet the challenges of parenthood and their military lifestyle.

The program is voluntary with the key component being home visitation. The promotes family resiliency and foster healthy parenting skills and attitudes.

Free Support

The NPSHVP is a free support service program designed to meet the needs of expectant active-duty military personnel, their spouses and families with children under the age of 4. The program was created to provide prenatal and parenting skills education to active-duty service members and their families.

The program offers a variety of services, including prenatal health and nutrition consultation, breastfeeding education, early child development education, parenting skills and home visitation services.

NPSHVP Professional

The NPSHVP professionals know that raising a family is very rewarding and sometimes can be challenging. They are committed to helping active-duty parents and their children maintain a strong and healthy family.

Who is eligible?

The program offered through the Fleet and Family Support Center is available to Active Duty Navy, Army, Coast Guard, National Guard and Marines. The Air Force should go through their Family Services Office.

How Can I sign up?

Active Duty members or their family can refer themselves through the FFSC. Information on how to sign up or to sign up is also provided at the U.S. Naval Hospital Guam's OB orientation as well as in the Mother Baby Unit to all recent deliveries. Forms are also available at the hospital's Family Medicine Clinic. Command may also refer their members by calling 333-2056/57.

Who is the Guam NPSHVP POC?

Those who sign up for the program or have questions will be directed to Louis Lippert whom has been involved with the program for 15 years and has lived on Guam for approximately 30 years.

Her goal through this program is to make a difference in the lives of others. She said she works very hard to provide a loving and comfortable environment for all those who go through the program with her. She is also able to help direct people to other programs available within the military or around Guam if needed.

Her educational background is in early childhood education and she previously served as a school teacher in her homeland of England. Her motto is "respect yourself, respect others, and respect your environment."

Other programs offered through FFSC

- Information and Referral
- Relocation Assistance
- Life Skills Education
- Ombudsman
- Personal Financial Management
- Transition Assistance Management Program
- Family Employment Readiness Program
- Sexual Assault Prevention and Response Program
- Family Advocacy
- Counseling Services
- Deployment Support

Call for more detailed information.

"Our mission is to support United States naval activities on Guam in maintaining operational readiness. We will provide information, training, and counseling to service members and families to improve quality of life, enhance performance, and encourage retention."





Preventive Health: **How Food Inspections** *preserve readiness*

Did you know one of the most important and effective ways for maintaining your health is through facility inspections? Lucky for military personnel living on Naval Base Guam (NBG) these inspections are conducted by the Preventive Medicine Department of U.S. Naval Hospital Guam, with the one exception being the Commissary, which is inspected by the Army Veterinarian Technicians.

Although it may not be well known, Prev Med does more than provide immunizations or ensure there are not too many mosquitos on base. They also test the waters on the base and inspect all facilities from the Barber shop to the Child Development Center. “Inspections are random throughout the month and they [the facilities] are never aware when Prev Med is coming,” said Hospitalman Felipe Munoz a Preventive Medicine Technician.

Recently, Munoz headed to Cmdr. William McCool Elementary/Middle School, located on NBG, for one of those inspections. At the school, Prev Med inspects everything from the hand sinks, to ensure employees have proper hand washing pro-

cedures, to the refrigerators, to ensure the temperature are in the proper temperature range. Prev Med also inspects dry food items such as rice and corn to ensure they are pest free. “Overall we look at the general cleanliness of the place, ensure out of date food is thrown away, and that no foods are being thawed improperly, such as in the dish washing area,” explained Munoz

He also said, parents can rest easy because the schools kitchen, which is run by supervisor Mike Gonzalaz, is always in impeccable order. “All of our facilities are provided the same list we use on our inspections,” said Munoz. “This allows them to know what we will be looking for on our inspection, and we recommend they conduct their own inspections at least every week.” According to Munoz, Gonzalaz conducts daily inspections. “This is a perfect example of why this facility is so clean and runs so smoothly,” he said.

According to Munoz, Prev Med takes pride in all they do because it not only ensures the readiness of the warfighter, but it provides them peace of mind knowing their family is well looked after.

QUIZ

How safe is your food?

Foodborne diseases can cause death

☐ True ☐ False

If food looks OK and smells OK
it is safe to eat

☐ True ☐ False

Some microorganisms are useful to
make food and drinks

☐ True ☐ False

The proper temperature for a home
refrigerator should be

☐ below 8°C ☐ below 5°C

Keeping raw and cooked food
separate prevents cross-contamination

☐ True ☐ False



Go to the World Health Day website for
the answers:

www.who.int/whd/quiz/en



World Health
Organization



HEART DISEASE: NOT JUST YOUR FATHER'S PROBLEM

by the Navy and Marine Corps Public Health Center'

Heart disease is the number one killer of both men and women in the United States and worldwide.¹ Many young people think of heart disease, a form of cardiovascular disease, as something to worry about as you get older. However, it's not unusual to see young adults in their 20s and 30s exhibiting unhealthy behaviors that can contribute to the development of heart disease, such as smoking, poor diet, and lack of physical activity. They may assume they can stop the behavior and "right the wrong" before any damage is done. The truth is, although heart disease is normally diagnosed later in life, it is a progressive condition. By the time symptoms are present, damage has already occurred.

The Asymptomatic Attack

There are many forms of heart disease, the most common of which is coronary heart disease (sometimes called coronary artery disease). Coronary heart disease (CHD) occurs when the walls of the arteries supplying blood to the heart become narrow or hardened due to plaque build-up. The build-up is called atherosclerosis.² Atherosclerosis occurs over time; contributing factors can include modifiable risks such as³:

- Smoking
- Unhealthy diet
- Lack of physical activity
- Being overweight or obese
- High blood pressure
- High cholesterol
- Type 2 diabetes
- Stress
- Heavy alcohol use

Heart Disease Continued from page 18

As the plaque accumulates, most will not experience any symptoms or have any indication that there is a problem. By the time an individual experiences symptoms, the plaque has often been building up for decades. For many people, the first sign of atherosclerosis is when the build-up has narrowed the arteries enough that the heart muscle does not receive sufficient amounts of blood and oxygen. This causes chest pain, or angina, and can lead to a heart attack. Heart attack symptoms vary, and women often experience more vague symptoms than men, such as nausea, back pain, extreme fatigue, or indigestion.⁴ Although lifestyle changes may be all some individuals need to treat atherosclerosis, others will need daily medications, medical procedures, or surgery.

Latest Findings

Current research is confirming what health professionals have believed for years – certain unhealthy behaviors in young adulthood have a negative physical impact on one's body, even though they may feel healthy and fit. The impact of an unhealthy lifestyle is not always immediately evident, and negative outcomes like cardiovascular disease develop over time. In fact, research has shown atherosclerosis to be present in the arteries of 20 and 30 year olds. Atherosclerosis was found to be more prevalent among study subjects with behavioral risk factors for heart disease, including high blood pressure, high cholesterol, and obesity.⁵

An additional concern for the military population is emerging research linking post-traumatic stress disorder (PTSD) and heart disease.⁶⁻⁸ Although the reasons why remain unclear, studies indicate individuals with PTSD have a higher prevalence of heart disease, even when taking into account health behaviors that increase risk for heart disease such as smoking, depression, and obesity.^{7,8} While PTSD is present in both veteran and non-veteran populations, it is much more common among veterans, particularly those exposed to combat.⁶ Ongoing research to understand the long-term effects of PTSD are continuing and will be important for both service members and providers.

A Pill-Free Prescription at Any Age

Although the numbers about heart disease seem grim, the good news is heart health can be improved at any age. Here are some tips for delaying or preventing heart disease:

- Eat a diet high in fruits and vegetables and low in saturated fats and salt.
- Participate in 150 minutes of moderate or 75 minutes of vigorous activity each week.
- Increase daily activity level (park far away from

door, take the stairs, etc.).

- Maintain a [healthy weight](#).
- Practice positive [stress management](#) techniques.
- Know your numbers. Talk to your doctor to ensure your numbers fall within the recommended ranges:
 - Total cholesterol less than 200 mg/dL with triglycerides less than 150 mg/dL
 - Blood pressure less than 120/80 mmHg
 - Fasting glucose (blood sugar level after you have not eaten for 8 – 12 hours) less than 100 mg/dL
 - Female waist circumference less than 35 inches
 - Male waist circumference less than 40 inches

For more information on how you can reduce your risk for heart disease, visit the Navy and Marine Corps Public Health Center's [Heart Health Toolbox](#) and check out the American Heart Association's "[The Simple 7](#)."

References

1. The top 10 causes of death. World Health Organization Media Centre. <http://www.who.int/mediacentre/factsheets/fs310/en/>. Updated July 2013. Accessed January 15, 2014.
2. National Heart, Lung, and Blood Institute. What is coronary heart disease? <http://www.nhlbi.nih.gov/health/health-topics/topics/cad/>. Updated August 23, 2012. Accessed January 10, 2014.
3. National Heart, Lung, and Blood Institute. Who is at risk for coronary heart disease? <http://www.nhlbi.nih.gov/health/health-topics/topics/cad/atrisk.html>. Updated August 23, 2013. Accessed January 10, 2014.
4. National Heart, Lung, and Blood Institute. What are the signs and symptoms of heart disease? <http://www.nhlbi.nih.gov/health/health-topics/topics/hdw/signs.html>. Updated September 26, 2011. Accessed January 16, 2014.
5. Webber B, Seguin P, Burnett D, et al. Prevalence of and Risk Factors for Autopsy-Determined Atherosclerosis Among US Service Members, 2001-2011. JAMA. 2012;308(24):2577-2583. <http://jama.jamanetwork.com/article.aspx?articleID=1487497>. Accessed January 10, 2014.
6. Norris F, Sloan L. Understanding Research on the Epidemiology of Trauma and PTSD. PTSD Research Quarterly. 2013;24(2-3):1-13. <http://www.ptsd.va.gov/professional/newsletters/research-quarterly/v24n2-3.pdf>. Accessed January 16, 2014.
7. Vaccarino V, Goldberg J, Rooks C, et al. Post-Traumatic Stress Disorder and Incidence of Coronary Heart Disease : A Twin Study. Journal of the American College of Cardiology. 2013;62(11):970-978. <http://www.sciencedirect.com/science/article/pii/S0735109713025060>. Accessed January 15, 2014.
8. Boscarino J. A Prospective Study of PTSD and Early-Age Heart Disease Mortality Among Vietnam Veterans: Implications for Surveillance and Prevention. Psychosom Med. 2008;70(6):668-676. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3552245/>. Accessed January 17, 2014.



Know the Risks:

Understanding Prescription Drug Misuse and Abuse

written by Navy Medicine West

The Navy and Marine Corps’ zero tolerance policies regarding drug misuse and abuse are well-known among service members – any Sailor or Marine determined to be using, possessing, trafficking, manufacturing or distributing drugs or drug abuse paraphernalia is required to be administratively separated (ADSEP) from the military. What some service members may not realize is that drug misuse and abuse not only includes the use of illegal drugs but also any inappropriate use of pharmaceuticals, even if they are prescribed by a healthcare provider. Understanding how to take prescription drugs appropriately can keep a Sailor or Marine safe and fit for duty, and also save their career.

What constitutes prescription drug misuse and abuse?

Drug misuse and abuse includes any inappropriate use of pharmaceuticals and use of any intoxicating substance not intended for human ingestion (such as glue or gasoline sniffing). Inappropriate use of pharmaceuticals includes taking a prescription medication:

- Outside of its intended purpose. For example, taking a narcotic now for back pain when the medication was originally prescribed a year ago following knee surgery.
- Past the prescribed date. Be sure to look at prescription labels, attached information sheets, and only take the medication for the period of time prescribed and do not take a

A “prescription drug” is a drug that is available only with authorization from a healthcare practitioner to a pharmacist. An “over-the-counter” medication is a drug that is sold without a prescription. Both kinds of drugs come with explicit instructions on how to use the drug, and these instructions should be followed to avoid adverse consequences. The Food and Drug Administration (FDA) approves all drugs on the market and provides sound advice to consumers.

prescription that has expired.

- In excess of the prescribed dosing regimen. Any variation of the prescribed dose can have serious health impacts.
- That was prescribed to another individual, such as a shipmate, spouse or friend.

Any time a Sailor or Marine has a positive urinalysis for a controlled substance for which they do not have a current prescription in their medical record, and no other valid reason can explain the positive urinalysis, they are subject to a violation of the Uniform Code of Military Justice (UCMJ). Such a violation may lead to disciplinary action, such as reduction in rate or forfeiture of pay, and will result in Administrative Separation (ADSEP) processing from military service.

What are the dangers of prescription drug misuse and abuse?

All medications have potential side effects. Healthcare providers recommend prescription medications after a careful analysis of the risks and benefits of taking the medications properly while also factoring in other considerations such as health status, medications already being taken, etc. Additionally, there is clinical oversight by the provider while the individual is taking the medication. Ultimately, however, it is the service member's responsibility to ensure they are taking prescription medicine properly. If a sailor misuses prescription drugs, examples of potential risks include:

- Respiratory depression from misusing pain killers, potentially leading to death.
- Withdrawal seizures from inappropriate or inconsistent use of sedatives.
- Dangerously increased blood pressure from stimulant use.
- Addiction to the medication.
- Processed for Administrative Separation from military service, including potential dishonorable or other than honorable discharge.
- The risk for health-related side effects is increased when medication misuse is combined with alcohol consumption.

How can a service member avoid prescription drug misuse and abuse?

It is the service member's responsibility to ensure they are fully aware of the proper use of any medication they are taking, and that they understand the consequences of taking a prescription medication inappropriately. Some ways to avoid misusing prescription drugs include:

- Asking a healthcare provider questions regarding proper use of their medications.
- Carefully reading the labels and attached information sheets of all medications prior to taking them.
- Disposing of unused medications properly. Learn more about how to safely dispose of unused medications, or ask your local pharmacy.
- Becoming familiar with the Navy Alcohol and Drug Abuse Prevention and Control policy and the Marine Corps Substance Abuse Program policy.

Got Drugs?

Turn in your unused or expired medication for safe disposal





Distracted Driving: The Other Silent Killer

submitted by the U.S. Naval Hospital Guam Health Promotions Department

Each day in the United States, more than 9 people are killed and more than 1,153 people are injured in crashes that are reported to involve a distracted driver.¹ Distracted driving is driving while doing another activity that takes your attention away from driving. Distracted driving can increase the chance of a motor vehicle crash.

There are three main types of distraction: 1) Visual: taking your eyes off the road; 2) Manual: taking your hands off the wheel; and 3) Cognitive: taking your mind off of driving.

Distracted driving activities include things like using a cell phone, texting, and eating. Using in-vehicle technologies (such as navigation systems) can also be sources of distraction. While any of these distractions can endanger the driver and others, texting while driving is especially dangerous because it combines all three types of distraction. Consider the following:

Talking on a cell phone while driving:

- 69% of drivers in the United States ages 18-64 re-

ported that they had talked on their cell phone while driving within the 30 days before they were surveyed.

- In Europe, this percentage ranged from 21% in the United Kingdom to 59% in Portugal.

Texting or emailing while driving:

- 31% of U.S. drivers ages 18-64 reported that they had read or sent text messages or email messages while driving at least once within the 30 days before they were surveyed.

- In Europe, this percentage ranged from 15% in Spain to 31% in Portugal.

What are the risk factors?

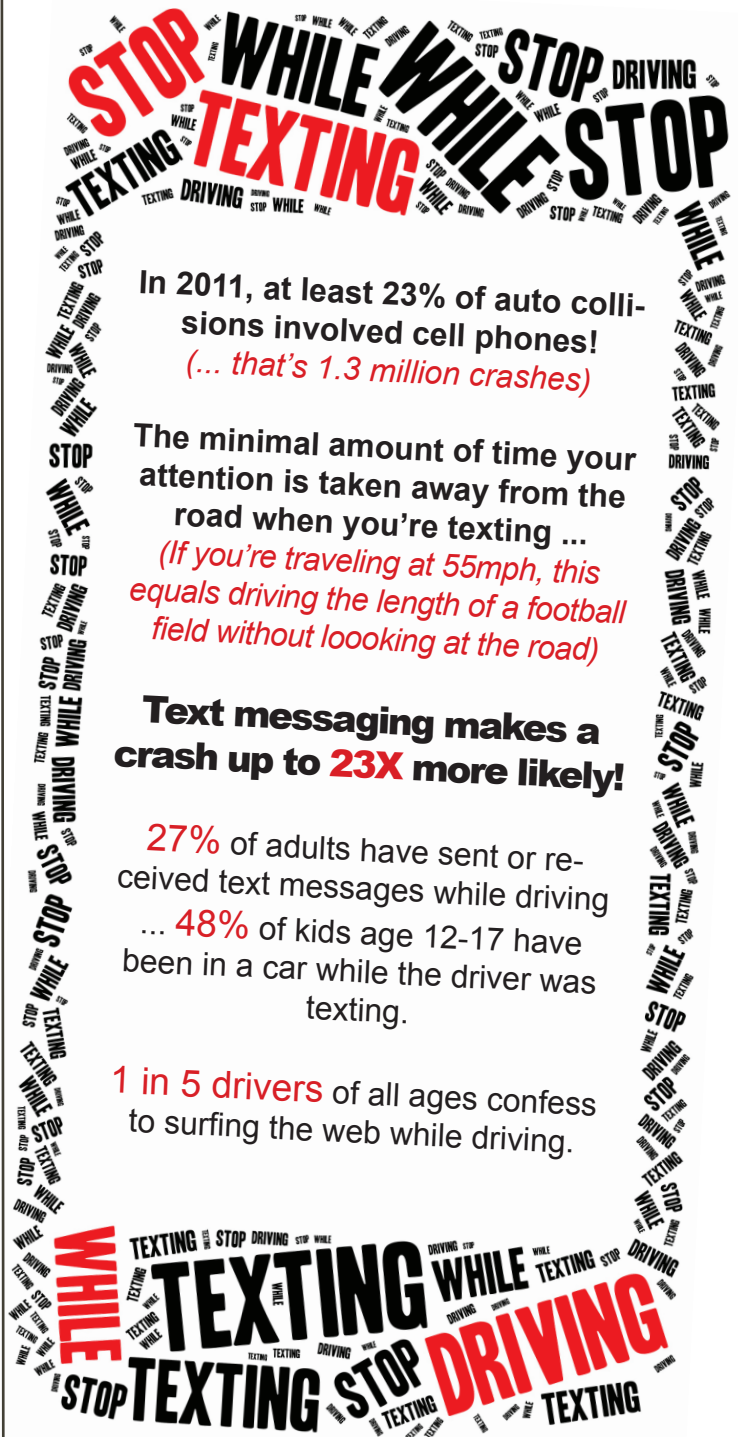
- Some activities—such as texting—take the driver’s attention away from driving more frequently and for longer periods than other distractions.
- Younger, inexperienced drivers under the age of 20 may be at increased risk; they have the highest proportion of distraction-related fatal crashes.

Texting while driving is linked with drinking and driving or riding with someone who has been drinking among high school students in the United States, according to a CDC study that analyzed self-report data from the 2011 national Youth Risk Behavior Survey. Students who reported engaging in risky driving behaviors said that they did so at least once in the 30 days prior to the survey. Key findings from the study revealed that:

- Nearly half of all U.S. high school students aged 16 years or older text or email while driving.
- Students who text while driving are nearly twice as likely to ride with a driver who has been drinking and five times as likely to drink and drive than students who don’t text while driving.
- Students who frequently text while driving are more likely to ride with a drinking driver or drink and drive than students who text less frequently while driving.

The implications are clear:

When it comes to driving, it’s safe to do only one thing at a time, which is to drive. Adding a task to driving risks taking years of life away from those who try to do that second thing at the same time.



Nowadays when a Sailor or Marine stops at the local shopette or gas station to pick up some cigarettes or dip, they may find themselves faced with displays of alternative tobacco products that have brightly colored packages or interesting flavors.

The tobacco industry is constantly releasing new products to keep people addicted, counteract smoking laws and tobacco control policies¹, as well as reach new audiences (and tobacco users) in light of the decrease in cigarette sales and consequentially, smoking rates. Additionally, tobacco companies often encourage the dual use of cigarettes and alternative tobacco products such as chew or dip and promote alternative products as a less harmful product to switch to when faced with quitting traditional cigarettes.

Alternative products contain nicotine, which is the addictive substance also found in traditional tobacco products. Smokeless tobacco such as spit tobacco, chew, and dip is one type of alternative tobacco product; others include²:

- Snus- a teabag-like, spit free pouch that is placed under the lip
- Dissolvables- include orbs, sticks, and strips that last anywhere from 3 minutes to 30 minutes
- Hookah- a waterpipe where tobacco is heated, filtered through water and then inhaled using a mouthpiece
- Cigars/Cigarillos- smoked like cigarettes
- Electronic nicotine delivery systems (ENDS) - includes e-cigarettes, e-pipes and e-hookahs. E-products are battery operated nicotine delivery devices which vaporize a nicotine solution that can be inhaled.

Are alternative tobacco products harmful?

Alternative tobacco products are often promoted as a safe alternative to traditional tobacco products such as cigarettes. Consumers often perceive these types of products as less harmful due to the lack of burning and smoking. The health effects of all alternative tobacco products are not known, but smokeless tobacco use causes health effects similar to smoking such as various types of cancer (oral, esophageal, and pancreatic), myocardial infarction, stroke and oral disease. The use of smokeless tobacco also decreases stamina and performance capacity while increasing stress and impairing vi-

sion. For alternative tobacco products that emit smoke, such as a hookah, secondhand smoke is also a serious health concern. In addition, multiple products such as ENDS and cigars are not regulated by the Food and Drug Administration (FDA) and may contain unknown ingredients. E-products are not a safe form of tobacco use and are not a proven cessation device, as they have been advertised.⁵

What is the Navy's policy on alternative tobacco products? These types of products should only be used in Designated Tobacco Use Areas in accordance with Navy Policy.

How can I quit alternative tobacco products? If you use alternative tobacco products and are interested in quitting, you can use similar methods of quitting for smoking or dipping. Primary methods of quitting include:

In-Person: Talk to your healthcare provider, dental provider or health promotion team member. These professionals can connect you with support, counseling, education, and options such as nicotine replacement therapy and medications. The Health Promotion Section provides many cessation services: call 344-9124 or drop by room 2K10.

Online: The Quit Tobacco – Make Every-one Proud website, www.ucanquit2.org, offers web-based support and education tools like individualized quit plans, facts, games, articles and multimedia. You can also chat anonymously with trained cessation counselors 24 hours a day, 7 days a week. Other online resources include Be Tobacco Free and Smokefree.gov.

On the Phone: Call 1-800-QUIT-NOW to be linked to your local state quitline for advice, resources or a counseling program. You can also call one of the three Tricare Smoking Cessation Quitlines based on your region: North Region 1-866-459-8766 / South Region 1-877-414-9949 / West Region 1-866-244-6870.



Alternative Tobacco Products

*Source: Navy & Marine Corp Public Health Center
and the command's Health Promotion Section*

(CO's comments continued from page 3)

are in the midst of major change. In fact, the entire healthcare system in the United States continues to undergo change in an effort to deliver safe, quality, cost effective care to all.

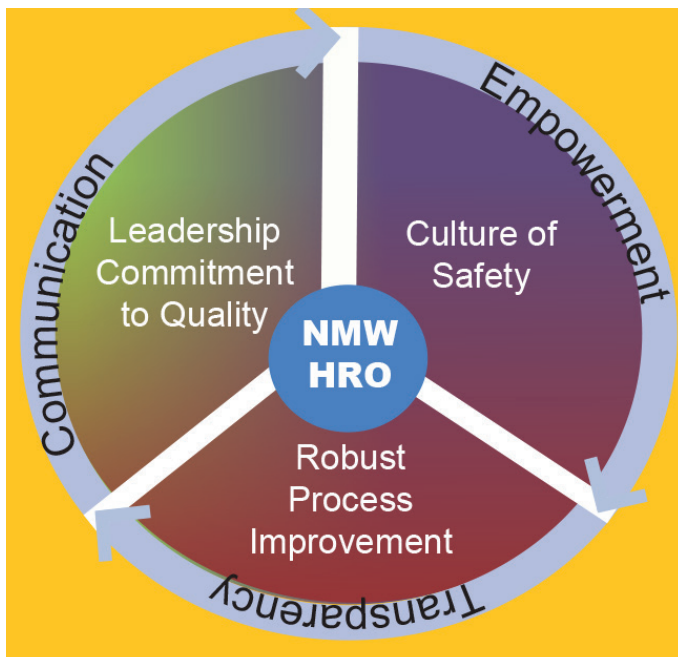
You have been hearing me talk about our journey of becoming a High Reliability Organization (HRO). There are three components to an HRO: Engaged leadership, robust process improvement, and a culture of safety. Everyone has a role to play in this journey. We are all interested in ensuring our patients, family members, visitors, and staff are treated in a safe environment. We are empowered to speak up if we see anything that could potentially cause an unsafe situation or less than optimal work environment.

Finally, each day we look at what we could do to make things better. One department relayed to me a simple administrative change they made. They were driving from the branch clinic to the hospital twice a week for muster and to receive valuable information on what was going on at the command. However, the drive and meeting time took away from their ability to get started on their tasks for the day. They discussed the issue with their department head who agreed to try one day

a week for muster and then pass important information the rest of the days via email. This allowed more time for them to complete their mission, while leveraging technology to keep up with command wide information. After a period of time, this new process should be evaluated to see if the change made a positive impact on the mission while not losing the ability for staff to stay informed. Process improvement is continuous. Ask yourself, "What one thing could I change to make the patient's experience of care better" or "what would I want to change in my work center if I could change anything," or "what is the one thing that worries me most about our processes for patient care and how can I improve that?"

Process improvement is continuous. Ask yourself, "What one thing could I change to make the patient's experience of care better" or "what would I want to change in my work center if I could change anything," or "what is the one thing that worries me most about our processes for patient care and how can I improve that?"

I want to thank our Quality Management Department and all those who took part in our semi-annual Process Improvement Fair. Admiral Gillingham was quite impressed with the projects, but equally as important was the enthusiasm in which our staff presented the projects and opportunities for improvement. He took several best practices back to implement in Navy Medicine West. Great job Dream Team! Si Yu'us Må'ase'! As always, it's an honor to serve with you.



Across Oceans to Root Canals

The true story of Cmdr. Vinh Doan



In a world of make believe, a story filled with pirates, gun fire, stormy seas, and a mysterious submarine might make an exciting adventure. But in the year 1977, these became part of the real-life story of the then, six-year old, Cmdr. Vinh Doan, currently the Director for Dental Services at U.S. Naval Hospital Guam.

It began several years earlier when Doan's father, who was a teacher by trade, commissioned in the South Vietnamese Army to help in the fight against nationalist forces attempting to unify the country of Vietnam under communist rule. However, as history would have it, the South eventually surrendered and the country was reunited as the Socialist Republic of Vietnam.

"After the war, my understanding was that all the officers and educators were put into a

re-education camp. It was supposed to be short-term but ended up being like a prison," said Doan. According to other oral accounts the re-education camps were in fact labor camps where some detainees were held for several years. Doan's father, Con, was no different, he was placed in the camps for two years and his mother, Yen, was left to care and support four young children on her own. After his release, Doan's father decided that there was no real future for his children in Vietnam. He then began planning an escape for their family.

Escape from a country is not an easy task, particularly during a time, where a political regime has taken peoples' land and possessions. Yet Con was not alone in his idea. There were many professionals and intellectuals who wanted to leave Vietnam, and so together he and some of the others formed a plan. "They couldn't just buy a boat and leave," explained Doan. "So they'd go and pretend to sell fresh water and other things so people would get used to seeing them down near the bay."

Then one night, as Doan recalls, "it was like Paul Revere with his lantern," he said. "The idea was that in the dark, the group would walk small boats and canoes several yards out into the water, and then once they were far enough, and safe, the mother boat would light a lantern to signal the canoes to board." In what might sound like a scene out of a movie, the plan came to life. Once the group was aboard the larger vessel they allowed it to drift out to sea until they felt confident they were far enough they could turn the engine on. "But when we turned on the engine, we heard voices in the distance yelling, 'escaping, escaping!' By then we were far enough out, but still a patrol boat pursued and began firing at us!" said Doan.

According to him it was smooth Sailing for approximately two-weeks aboard a ship about the size of three small cars. However, no one aboard the boat was an experienced Sailor and not surprisingly the crew soon became disoriented and lost at sea. Yet just when all hope

Continued on next page

(root canals ontinued from page 27)

seemed lost, in the distance the crew saw something that boosted their confidence.

"I remember the day. Actually, it was later in the evening, the sky was still lit and you could see dark clouds in the distance. We thought we saw land because we saw something on the water," he explained. As the group got closer, what they had thought to be a mass of land turned out to be a U.S. Navy submarine. "As a 7-year old I remember seeing the sub on the water and then all of a sudden the hatch opened, it was very surreal." Luckily, Con was able to speak broken English and he explained the situation to the submariners. The Americans gave the group some food and supplies and pointed them in a direction that would lead them to the nearby island, Thailand.

As the trip proceeded, days went by and the group grew restless while supplies began to run low. Doan recalls, at that point, there would often be internal arguments. Many people were fleeing Vietnam in those days, now known in history as the "Vietnamese refugee boat people," all of them had hopes of establishing a new life. Unfortunately, many of the boats were attacked by Thai pirates. According to some accounts the attacks were often brutal where the pirates would kill all those aboard including children and rape the women and dump the bodies out to sea.

"It was a scary time. We got pushed and hit but nothing as extreme as some of the others you hear about," said Doan. Because many of the refugees aboard their boat weren't carrying a great deal of valuables, eventually the pirates had nothing more to take. "We were robbed many times, and when there was nothing else left, they stole our engine. They just left us sitting there drifting out to sea."

At this point the group was not sure what to do. One day another boat came by, but they had nothing left to take, they wondered what would happen. However, this time it turned out to be Thai fisherman who provided them with some food and told them they'd help pull them to shore. At the time, the Thai government did not want the refugees on their land. Not wanting to get in trouble with the authorities the fisherman told the group they would have come back for them in the evening. They did return



and by morning Thailand's shore were in sight.

A Thai patrol boat greeted them with instructions for towing the boat to shore. To the dismay of the group the opposite happened. Instead of towing the vessel to shore, it was veered away from land and back out to sea; far enough that land could not be seen.

"At that point everyone was out of ideas. I remember my mom telling me they thought about making a raft from what was available on the boat and putting the kids on it and trying to swim in," said Doan. So the group worked together to build the raft and when it was finished, just like they planned, all the children were loaded on top. But it wasn't strong enough and the raft flipped completely over. "The adults scrambled to get it back around! When they did all the kids were still

Continued on next page



there, hanging on, it was crazy,” Doan said with a smile.

Eventually some fisherman explained to the group that they would keep getting pulled back to sea and recommended the group make a hole in the boat and attempt to sink it. They went on to tell them they would come back in the evening to tow the group back to shore and again, by morning land was in sight. “To our relief, another Thai patrol boat agreed to pull us in but again they veered us out to sea,” explained Doan.

“This time we were prepared, we made a hole and the small boat was taking on water. At that point everyone grabbed the kids and jumped in the ocean and swam the rest of the way to land,” he said. As the group swam to shore again they heard warning gun shots, a reminder they were not welcome. “I remember hitting land and my mom crying and then,

what seemed like it came out of nowhere, a truck, with a cage on the back arrived and we were put into the cage until they could figure out what to do with us.”

Doan said even though the Thai government did not want more refugees, the people of Thailand were very kind and generous giving them food, water, and blankets. Eventually they were placed into a refugee camp with thousands of others. “I remember it being dirty and close to a cemetery,” recalled Doan. “We were in tents and slept on bamboo beds and there were so many mosquitos.”

During these times, because so many South-east Asian’s were fleeing their homelands, after a gathering of the United Nations, many western countries agreed to open their doors to the refugees to help with the surge. Those who sought America as their new home were required to be sponsored. The purpose of the sponsor was to feed, clothe and provide transportation to the incoming refugees until they were self-sustaining.

Doan and his family were sponsored by the Maxwell Presbyterian church in the state of Kentucky. “When we first arrived all I can remember is that everyone was tall and big. I also remember getting car sick on the way to the house we were to stay,” said Doan. Most importantly he remembers vividly many of the kind people who helped his family; Dr. M. Johnson, the Nadig family and many others. To this day he and his brothers refer to their main sponsors, the Logan’s, as grandmother and grandfather.

Two weeks after arriving in America, both of his parents found work and they were set up in government housing. While the church helped the family learn English, the children were sent to a nearby elementary school to begin their studies. “There was no option but to succeed. We sacrificed our life to come here,” said Doan. And although he grew up poor, not knowing many luxuries, he and his three brothers would all go on to have successful careers.

When deciding on a career path for himself, Doan never thought he’d become a dentist and he certainly had no intentions of joining the military. Doan made good grades and started

Continued on next page

(root canals continued from page 29)



pictured in the photos on page 29 and 30 Cmdr. Vinh Doan, U.S. Navy Dentist, Performs a cleaning (Photos by: HM2 Ryan Leverett)

out on the path to becoming a medical doctor but was uncertain if it was the right fit for him. “At the time, I had a friend whose dad was a dentist. I’d go to his house and study and his dad told me I should check out dentistry,” he said. “I started volunteering at the dental school and discovered what dentistry was all about. I soon learned that dentistry is the perfect occupation combining medicine, science, art and patient care.”

He entered dental school and although the military recruiters stopped by and gave many presentations, he still never had the notion to join. Yet, when he graduated, he knew he didn’t want to be stuck in a small town in Kentucky but was uncertain of what he wanted to do or where he wanted to go. After doing

some research, and realizing all it had to offer, he decided to join the U.S. Navy. “It has been one of the best decisions I have made,” said Doan. “It has been a great journey and has defined who I am. I owe a lot to Navy Medicine.”

“Now, I try to do what I can to help Sailors,” said Doan. “For some reason, all my patients are great listeners, as patients they never interrupt a thing I say and I always tell them, ‘education is the great equalizer.’ I tell them ‘if you aren’t studying you are doing the other guy a favor’. I don’t feel like I am a great role model, I know the real heroes are my parents, but I do what I can to help out.”

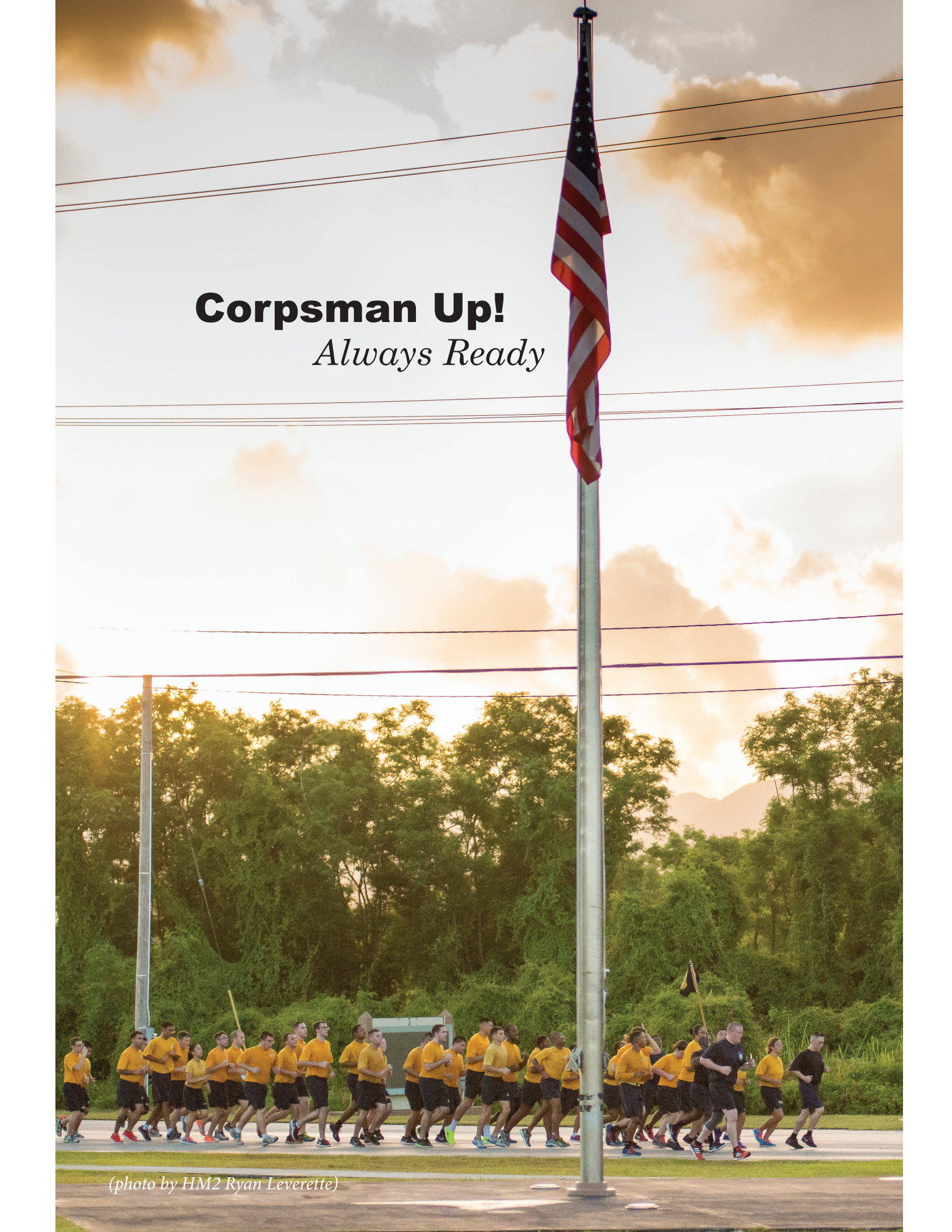
Currently, as the Director of Dental Services, Doan appreciates that he has influence on decisions regarding things that happen in dentistry. “I like the fact I have a voice and if something is headed in the wrong direction I can impact the outcome to better help the patients, and the Navy,” he said. “I always tell people, I am a Naval Officer, but I am also a provider. My job is to help folks, our patients, our Active Duty and their dependents. That is what I do; provide a service—I just happen to be wearing a uniform as well.”

Additional statistics:

From 1975 to 1985, two million Vietnamese attempted to escape to Thailand, Malaysia and the Philippines. Approximately 500,000 people drowned.

Between 1975 and 1979, according to the United Nations High Commission for Refugees, between 200,000 and 400,000 boat people died at sea

U.S. studies show that between the years 1975 and 1979 private organizations placed approximately 220,000 Southeast Asian refugees within the U.S.

A group of Marines in yellow shirts and black shorts are running in a line on a paved path. To their right is a tall flagpole with the American flag. The background features a dense line of green trees and a sunset sky with orange and yellow clouds. The text "Corpsman Up! Always Ready" is overlaid on the upper left portion of the image.

Corpsman Up!

Always Ready

(photo by HM2 Ryan Leverette)